STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

for LOBBYISTS
(RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 26 2017

	(s) EDDIE	E educanos		NEW HAMPSHIRE DEPARTMENT OF STATE
	's partnership, firm or c			
-	-		ILTING	
(Na	ame of partnership, firm or co	orporation)		
28	CUZUS DO	(Town/City)	MH	03820
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
(103) 923-9 (Telephone)	luss ((Fax)	e-mail ee Vw.	Mds CANSULTING @ COMPER
III. This statement or reportable expense	covers: (Choose one – fil transactions which are n	e separate reports for ca not attributable to any on	ch client, OR you ma e client).	ay file a separate report for
All reportable tra		e months prior to the repor		
	NHG	POCERS ASS it appears on the Lobbyist Re	CIATION	
A D	(Full Name of Client as i	it appears on the Lobbyist Re	gistration Form)	
OR ☐ All reportable trau unrelated to any part		(including the lobbyist's fa	mily), or the lobbyin	g firm listed below which are
IV. Date of Report	April 26, 2017		July 26, 2017 (17)	7
Reports cover: act				
Reports cover: Act	October 25, 2017 activity from 7/1/17 to 9/3		January 31, 2018 ! Sy from 10/1/17 to 12/3	1/17
V. There have be	October 25, 2017 activity from 7/1/17 to 9/3 en no fees received and d, complete just this form to		January 31, 2018 ! by from 10/1/17 to 12/3/ ctions made since t	the last report.
V. There have bee If this box is checked Concord, NH 03301	October 25, 2017 activity from 7/1/17 to 9/3 en no fees received and, complete just this form to	d no reportable transa and submit it to the Secret	January 31, 2018 ! by from 10/1/17 to 12/3/ ctions made since t	the last report.
V. There have been of this box is checked Concord, NH 03301. VI. Check if additionally on the box is additionally on the box if you have received.	October 25, 2017 activity from 7/1/17 to 9/3 en no fees received and complete just this form of onal reports are attached ived fees or made expend	d no reportable transa and submit it to the Secreta d: itures, you must file Adde	January 31, 2018 ! by from 10/1/17 to 12/3; ctions made since ! ary of State's Office, . ndum A- Fees and E	the last report. State House, Room 204, Expenses
V. There have bee If this box is checked Concord, NH 03301 VI. Check if addition If you have rece If you have paid Expense Reimburses	October 25, 2017 activity from 7/1/17 to 9/3 en no fees received and, complete just this form to onal reports are attached ived fees or made expend an honorarium or reimburnent	d no reportable transal and submit it to the Secreta d: ditures, you must file Addented	January 31, 2018 Prom 10/1/17 to 12/3 Petions made since the cury of State's Office, and and the Addendum B-Relation Relationship Relat	the last report. State House, Room 204, Expenses

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) EDDIE ETOWARDS	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	ING
(Name of Client 111. Name of Client 170 CERS ASSOCIATION)	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$3,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) S (0, 0.20.31)
c) Total of all fees received to date (Add lines a and b)	c) \$9, 001) · C9
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$/, 500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a business stann \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _ 3, 000 Od
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 3,000 ex
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	08 9,000.01
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
NM	s_NA
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	s
	s
	s \/
	\$
•	
Sworn Statement/Affirmation by Lobbyist	,
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
111	64/20/17
(Signature of lobbyist)	(Date)
DIDITE EDWARDS	
(Print Name of lobbyist)	